## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed otl	herwise in Block 1, by (	a) specifying a new con	espondence address	; and/or	(b) indicating a sepa	arate "FEE ADDRESS" for
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TOWNSEND TWO EMBARG EIGHTH FLOO	LP 1 Si ac tr	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
SAN FRANCIS	CO, CA 94111-383	4	Γ				(Depositor's name)
			Γ				(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	)R	ATTO	RNEY DOCKET NO	CONFIRMATION NO.
09/921,285	09/921,285 08/01/2001		Richard Cerami		020366-077310US		
TITLE OF INVENTION ACTIVATING XDSL	ON: PROVISIONING S	SYSTEM AND METHO	DD FOR AUTO-DISC	OVERING CUSTO	MER	PREMISES EQUIPM	IENT IN
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	04/16/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ISMAIL, SH	AWKI SAIF	2155	709-203000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1363).  Change of correspondence address (or Change of Correspondence Address from PTO/SBH/22) stateched of Change of Correspondence Address from PTO/SBH/23 stateched of The Address from PTO/SBH/23 stateched of The Address' Indication form PTO/SBH/23 state or more recent) attached. Use of a Custome Number is required.			2. For printing on the pasent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered platent alterneys or agents. If no name is stilled, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON iffied below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (CI	patent. If an assign n assignment.			ocument has been filed for
Please check the appropr	riate assignee category or	r categories (will not be pr	rinted on the patent):	Individual 🛣 🔾	orporati	on or other private gro	oup entity Government
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